

TEAM NUTRITION SCHOOL Enrollment Form



Our Team Nutrition School Leader is:

First Name_____ Last Name_____

Title_____ School's Name_____

Total Enrollment _____ Grades Taught _____

School Address_____

City_____ State_____ Zip code_____

Telephone_(_____)_____ FAX _(_____)_____

E-mail_____

Please check one or more of the appropriate grade ranges:

☐ P (Preschool) Pre-K ☐ E (Elementary) K-5/6 ☐ M (Middle) 6/7-8 ☐ H (High) 9-12

We agree to:

- Support USDA's Team Nutrition mission and principles.
- Demonstrate a commitment to help students meet the Dietary Guidelines for Americans.
- Designate a Team Nutrition Program Leader who will establish a team.
- Distribute Team Nutrition materials to teachers, students, and parents as appropriate.
- Involve teachers, students, parents, food service personnel, and the community in interactive nutrition education activities.
- Demonstrate a well-run Child Nutrition Program.
- Share successful strategies and programs with other Team Nutrition Programs.

We certify our school does not have any outstanding overclaims or significant program violations in our school meals programs.

(Print) School Principal or Administrator

(Print) School Food Service Manager

Signature

Signature

Date

Date

**Return form to: Janet Wendland, Bureau of Nutrition Programs & School Transportation,
Grimes State Office Building, Des Moines, IA 50319-0146**